

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Glaeden for Judge</b>						Registration Number, if PAC					
Full Name of Candidate <b>Carrie E. Glaeden</b>											
Street Address <b>100 South Third Street</b>						Office Sought <b>Franklin County</b>			District		
City <b>Columbus</b>						State <b>O H</b>			Zip Code <b>43215</b>		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		<b>X</b>	Pre-General		Post-General		Annual Year	
	July Monthly		August Monthly			September Monthly		Termination		Semiannual	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election			M D Y <b>1 1 0 8 0 5</b>		

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 8,466.50
2. Total monetary contributions (From Form No. 31-A)	\$ 3,150.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 11,616.50
5. Total monetary expenditures (From Form No. 31-B)	\$ 1,028.05
6. Balance on hand (line 4 minus line 5)	\$ 10,588.45
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 4,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

**Kurtis A. Tunnell, Treasurer**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages <u>2</u>
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Expenditure pages <u>2</u>
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Other pages <u>2</u>
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Total pages <u>6</u>
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# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Glaeden for Judge</b>													
Full Name of Contributor <b>Andrew P. Avellano *</b>						Registration Number, if PAC							
Street Address <b>1450 Broadview Avenue, Apt. 6</b>			Employer/Occupation/Labor Organization <b>Attorney</b>			Form (Cash, Check, etc.) <b>Check</b>							
City <b>Columbus</b>			State <b>O   H</b>		Zip Code <b>43212</b>		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> </tr> <tr> <td>0   6</td> <td>1   6</td> <td>0   5</td> </tr> </table>	M	D	Y	0   6	1   6	0   5
M	D	Y											
0   6	1   6	0   5											
						Amount <b>50.00</b>							
Full Name of Contributor <b>Contributions from Form 31-E</b>						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)							
City			State		Zip Code		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> </tr> <tr> <td>0   7</td> <td>1   3</td> <td>0   5</td> </tr> </table>	M	D	Y	0   7	1   3	0   5
M	D	Y											
0   7	1   3	0   5											
						Amount <b>1,200.00</b>							
Full Name of Contributor <b>Jeffrey G. Thompson Co. LPA</b>						Registration Number, if PAC							
Street Address <b>601 S. High Street</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>							
City <b>Columbus</b>			State <b>O   H</b>		Zip Code <b>43215</b>		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> </tr> <tr> <td>0   8</td> <td>3   1</td> <td>0   5</td> </tr> </table>	M	D	Y	0   8	3   1	0   5
M	D	Y											
0   8	3   1	0   5											
						Amount <b>300.00</b>							
Full Name of Contributor <b>Audrey K. Redmon</b>						Registration Number, if PAC							
Street Address <b>4987 Sharon Hill Drive</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>							
City <b>Columbus</b>			State <b>O   H</b>		Zip Code <b>43235</b>		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> </tr> <tr> <td>0   9</td> <td>3   0</td> <td>0   5</td> </tr> </table>	M	D	Y	0   9	3   0	0   5
M	D	Y											
0   9	3   0	0   5											
						Amount <b>100.00</b>							
Full Name of Contributor <b>Ohio &amp; Vicinity Regional Council South Central Office PAC Fund</b>						Registration Number, if PAC <b>LA416</b>							
Street Address <b>1394 Courtright Road</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>							
City <b>Columbus</b>			State <b>O   H</b>		Zip Code <b>43227</b>		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> </tr> <tr> <td>0   9</td> <td>3   0</td> <td>0   5</td> </tr> </table>	M	D	Y	0   9	3   0	0   5
M	D	Y											
0   9	3   0	0   5											
						Amount <b>250.00</b>							
Full Name of Contributor <b>Carpenters Local Union #200</b>						Registration Number, if PAC <b>PCE10288</b>							
Street Address <b>1545 Alum Creek Drive</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>							
City <b>Columbus</b>			State <b>O   H</b>		Zip Code <b>43209</b>		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> </tr> <tr> <td>0   9</td> <td>3   0</td> <td>0   5</td> </tr> </table>	M	D	Y	0   9	3   0	0   5
M	D	Y											
0   9	3   0	0   5											
						Amount <b>250.00</b>							
Full Name of Contributor <b>Vorys Sater Seymour and Pease LLP Advocates for Effective Gov't</b>						Registration Number, if PAC <b>OH108</b>							
Street Address <b>52 E. Gay Street</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>							
City <b>Columbus</b>			State <b>O   H</b>		Zip Code <b>43215</b>		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> </tr> <tr> <td>1   0</td> <td>0   3</td> <td>0   5</td> </tr> </table>	M	D	Y	1   0	0   3	0   5
M	D	Y											
1   0	0   3	0   5											
						Amount <b>1,000.00</b>							
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)							
City			State		Zip Code		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	M	D	Y			
M	D	Y											
						Amount							

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed.

If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

\* Franklin County Court Appointee

Page Total \$ 3,150.00

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Glaeden for Judge</b>									
To Whom Paid <b>Capitol Square Printing</b>						M 0   6	D 1   6	Y 0   5	Amount <b>707.75</b>
Address <b>59 E. Gay Street</b>		Purpose <b>Letterhead, envelopes, notecards</b>							
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>		Check Number <b>1058</b>				
To Whom Paid <b>Expenditures from Form 31-F</b>						M 0   7	D 1   3	Y 0   5	Amount <b>120.30</b>
Address		Purpose							
City		State	Zip Code		Check Number				
To Whom Paid <b>Franklin County Republican Party</b>						M 0   9	D 1   2	Y 0   5	Amount <b>100.00</b>
Address <b>14 E. Gay Street</b>		Purpose <b>Contribution for 9/13/05 Event</b>							
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>		Check Number <b>1060</b>				
To Whom Paid <b>Committee to Elect Isabella Thomas for Judge (Check Outstanding)</b>						M 0   9	D 1   2	Y 0   5	Amount <b>100.00</b>
Address <b>865 Macon Alley</b>		Purpose <b>Contribution for 9/12/05 Event</b>							
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43206</b>		Check Number <b>1061</b>				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Glaeden for Judge</b>					
Full Name of Contributor <b>Sean H. Maxfield</b>			Registration Number, if PAC		
Street Address <b>825 S. Front Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Amount <b>100.00</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Raymond J. Mularski</b>			Registration Number, if PAC		
Street Address <b>107 W. Johnstown Road</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>	Y <b>2</b>
City <b>Gahanna</b>	State <b>O</b>	Zip Code <b>43230</b>	Amount <b>100.00</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Ohio &amp; Vicinity Regional Council of Carpenters Political Office PAC</b>			Registration Number, if PAC <b>LA358</b>		
Street Address <b>222 E. Town Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Amount <b>500.00</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Scott W. Schiff &amp; Associates Co., LPA</b>			Registration Number, if PAC		
Street Address <b>88 W. Main Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Amount <b>250.00</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Larry W. Thomas</b>			Registration Number, if PAC		
Street Address <b>1058 Mt. Vernon Avenue</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43203</b>	Amount <b>200.00</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Dennis W. McNamara</b>			Registration Number, if PAC		
Street Address <b>3966 Fairlington Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43220</b>	Amount <b>50.00</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**1,200.00**

Total expenditures this event

Page Total \$ **1,200.00**

Event Date	07/13/05
Page	5

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Glaeden for Judge							
To Whom Paid Club 185				M 0	D 7	Y 1	Amount 120.30
Address 185 E. Livingston Avenue		Purpose Food/Beverages					
City Columbus	State O	Zip Code 43215	Check Number 1059				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	120.30
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# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Glaeden for Judge</b>												
From Whom Received <b>Carrie E. Glaeden</b>								Prior Amount <b>4,000.00</b>		Amt. Incurred this Period <b>0.00</b>		
Address <b>5142 Highland Meadows Drive</b>										Outstanding Balance <b>4,000.00</b>		
City <b>Hilliard</b>		State <b>OH</b>		Zip Code <b>43026</b>		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
		1	0	2	8	0	3	0.00				0.00
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State		Zip Code		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State		Zip Code		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 4,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 4,000.00 (To Form No. 30-A)